

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889251

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		1		1		
5		1		1		
6		1		1		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		2		2		
12		2		2		
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19		2		2		
20		2		2		
21		2		2		
22		1		1		
23		1		1		
24		1		1		
25	1		1			
26	1		1			
27		2		2		
28				2		
29			1			
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
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39				1		
40				1		
41				1		
42				1		
43				1		
44			1			
45				1		
46				1		
47			1			
48				1		
49				1		
50				1		
TOTAL IND.	4					
TOTAL DEP.	40					
TOTAL CLAIMS	44					

	* <i>Amendment B</i> *		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
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96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	75					
TOTAL CLAIMS	83					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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